	mber.	Attorn y Docket	Attorn y Docket Number			
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION			First Named Inventor VICT			
		CON	COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Numb	plication Number			
•	•	Filing Date				
Declaration Submitted OR	☐ Declaration Submitted after Initia Filing (surcharge	I Group Art Unit				
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name				
mended by any amendn acknowledge the duty to hereby claim foreign print rtificate, or 365(a) of an herica, listed below and l	and was reviewed and understand the conent specifically referred to above disclose information which is more than the cone of	amended on (MM/DD/YYY ontents of the above identifie e. aterial to patentability as de 19(a)-(d) or 365(b) of any which designated at least ecking the box, any foreign perfore that of the application	ed specificated in 37 (foreign appone country application on which p	lication(s) for patent or inventor's other than the United States of for patent or inventor's certificate riority is claimed.		
		Foreign Filling Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
ior Foreign Application Number(s)	Country					

[Page 1 of 2]

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DECLARATION — Utility or Design Patent Application

DEG	LANA HON-			3			1 22		
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.					to disclose				
U.S. Parent Application or PCT Parent Number				Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
	Mulliper		·	(MM/DD/TTT)			(11 4) - (11 4) - (11 4)		
Additional	U.S. or PCT international applica	tion numbers are lis	sted on a supp	olemental prior	ity data she	et PTO/SB/0	2B attached h	ereto.	
As a named inve and Trademark	entor, I hereby appoint the following Office connected therewith:	ing registered practi Customer Number		osecute this a	——		Place Custo	mer	
		OR Registered practition	oner(s) name	registration nu	— mber listed	I below	Number Bar Label her		
	Name	Registrati Numbe	ion		Name			tration nber	
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Additional r	egistered practitioner(s) named o	on supplemental Re	gistered Prac	titioner Informa	tion sheet	PTO/SB/02C	attached here	to.	
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Country	USA	Telephone	318	124 03	36 F	ax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
	ole or First Inventor:			A petition ha	s been file	ed for this u	nsigned inve	ntor	
Gi	ven Name (first and middle [if any])			Family N	lame or Sur	name		
UICTORIA ELIZABETH HENRICKSEN									
Inventor's Signature	Victor	- O-	Hon	, i Cl	bse		Date	8/21/03	
Residence: (city DULLTH		7	Country	USF.)	Citizenship	USA	
Post Office Address 2002 E, 44 St									
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City	D ULWA State	MN	ZIP -	55812	-	Country	45,	4	
Additional	inventors are being named	on thesupp	lemental Ad	ditional Inver	ntor(s) she	eet(s) PTO/	SB/02A attac	hed hereto	

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TATEMENT CLAIMING SMALL ENTITY STATUS 37 CFR 1.9(f) & 1.27(b))—INDEPENDENT INVENTOR	Docket Number (Optional)
Applicant, Patentee, or Identifier: ULCTORIA E. HE	WRICKSEN
Application or Patent No.:	
Filedor Issued:	
TITLE: IMPROVED BREAST SUPPORTNG CARN SLIP RESISTANT MATERIALS TO CONTROL	TENT UTILIZING L POSITION OF GARMON
As a below named inventor, I hereby state that I qualify as an independent inventor purposes of paying reduced fees to the Patent and Trademark Office describe	or as defined in 37 CFR 1.9(c) ad in:
the specification filed herewith with title as listed above.	
the application identified above.	
the patent identified above.	
I have not assigned, granted, conveyed, or licensed, and am under no obligation grant, convey, or license, any rights in the invention to any person who would not quunder 37 CFR 1.9(c) if that person had made the invention, or to any concern who business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR	alify as an independent inventor lich would not qualify as a small
Each person, concern, or organization to which I have assigned, granted, convey obligation under contract or law to assign, grant, convey, or license any rights in	yed, or licensed or am under an the invention is listed below:
No such person, concern, or organization exists.	
Each such person, concern, or organization is listed below.	
Separate statements are required from each named person, concern, or organizate stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any characteristic entitlement to small entity status prior to paying, or at the time of paying, the	nge in status resulting in loss of earliest of the issue fee or any
maintenance fee due after the date on which status as a small entity is no longer CTORSA- E. HENRICKS COUNTY NAME OF INVENTOR	appropriate. (37 CFR 1.28(b))
Matoria Elkurishse	NAME OF INVENTOR
Signature of inventor Signature of inventor	Signature of inventor
Date Date	Date

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